

Mississippi Secretary of State
125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Division of Medicaid		CONTACT PERSON Margaret Wilson	TELEPHONE NUMBER 601-359-5248	
ADDRESS 550 High Street, Suite 1000		CITY Jackson	STATE MS	ZIP 39201
EMAIL Margaret.Wilson@medicaid.ms.gov	SUBMIT DATE MAR 15 2016	Name or number of rule(s): Title 23: Medicaid, Part 208: Home and Community Based Services (HCBS) Long Term Care, Chapter 1: HCBS Elderly and Disabled Waiver; Rule 1.2: Eligibility, Chapter 2: HCBS Independent Living Waiver; Rule 2.2: Eligibility, Chapter 3: HCBS Assisted Living Waiver; Rule 3.2: Eligibility, Chapter 4: HCBS Traumatic Brain Injury/Spinal Cord Injury Waiver; Rule 4.2: Eligibility, Chapter 5: HCBS Intellectual Disabilities/Developmental Disabilities Waiver; Rule: 5.1: Eligibility		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This filing allows persons enrolled in home and community-based services (HCBS) waivers who elect to receive hospice care to receive HCBS waiver services which are non-duplicative of any service rendered through hospice. Persons may receive non-duplicative HCBS waiver services in coordination with hospice services. This filing also renames "participants" to "persons". Specific legal authority authorizing the promulgation of rule: 42 USC § 1396n; 42 CFR §§ 435.217, 440.180, 441.301; Miss. Code Ann. §§ 43-13-115, 43-13-121.

List all rules repealed, amended, or suspended by the proposed rule: 1.2, 2.2, 3.2, 4.2, and 5.1

ORAL PROCEEDING:

- ☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____
- ☒ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

- ☐ Economic impact statement not required for this rule. ☒ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in _____ days Effective date: <input type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify): _____	Action proposed: <input type="checkbox"/> New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed final effective date: <input type="checkbox"/> 30 days after filing <input checked="" type="checkbox"/> Other (specify): JUN 01 2016	Date Proposed Rule Filed: _____ Action taken: <input type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____

Printed name and Title of person authorized to file rules: David J. Dzielak, Ph.D., Executive Director

Signature of person authorized to file rules: *David J. Dzielak*

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
	FILED MAR 15 2016 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	Accepted for filing by #21835	Accepted for filing by

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.



DELBERT HOSEMANN
Secretary of State

CONCISE SUMMARY OF ECONOMIC IMPACT STATEMENT

An Economic Impact Statement is required for this proposed rule by Section 25-43-3.105 of the Administrative Procedures Act. This is a Concise Summary of the Economic Impact Statement which must be filed with the Secretary of State's Office.

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DESCRIPTIVE TITLE OF PROPOSED RULE Title 23: Medicaid, Part 208: Home and Community Based Services (HCBS) Long Term Care, Chapter 1: HCBS Elderly and Disabled Waiver; Rule 1.2: Eligibility, Chapter 2: HCBS Independent Living Waiver; Rule 2.2: Eligibility, Chapter 3: HCBS Assisted Living Waiver; Rule 3.2: Eligibility, Chapter 4: HCBS Traumatic Brain Injury/Spinal Cord Injury Waiver; Rule 4.2: Eligibility, Chapter 5: HCBS Intellectual Disabilities/Developmental Disabilities Waiver; Rule 5.1: Eligibility		
Specific Legal Authority Authorizing the promulgation of Rule: 42 USC § 1396n; 42 CFR §§ 435.217, 440.180, 441.301; Miss. Code Ann. §§ 43-13-115, 43-13-121.		Reference to Rules repealed, amended or suspended by the Proposed Rule: 1.2, 2.2, 3.2, 4.2, and 5.1

A. Estimated Costs and Benefits

1. Briefly summarize the benefits that may result from this regulation and who will benefit:
The benefits that may result from this regulation will be that persons enrolled in Home and Community-Based Services (HCBS) waivers will be allowed to elect hospice benefits.
2. Briefly describe the need for the proposed rule:
The proposed rule is needed to allow persons enrolled in HCBS waivers to elect to receive non-duplicative hospice services.
3. Briefly describe the effect the proposed action will have on the public health, safety, and welfare:
Persons enrolled in HCBS waivers will be allowed to elect hospice benefits and will not have to be discharged from HCBS waiver services. This will promote continuity of care.
4. Estimated Cost of implementing proposed action:
 - a. To the agency
☐ Nothing ☒ Minimal ☐ Moderate ☐ Substantial ☐ Excessive
 - b. To other state or local government entities
☒ Nothing ☐ Minimal ☐ Moderate ☐ Substantial ☐ Excessive
5. Estimated Cost and/or economic benefit to all persons directly affected by the proposed rule:
 - c. Cost:
☐ Nothing ☒ Minimal ☐ Moderate ☐ Substantial ☐ Excessive
 - d. Economic Benefit:
☐ Nothing ☐ Minimal ☒ Moderate ☐ Substantial ☐ Excessive
6. Estimated impact on small businesses:

☒ Nothing ☐ Minimal ☐ Moderate ☐ Substantial ☐ Excessive

- a. Estimate of the number of small businesses subject to the proposed regulation:
- b. Projected costs for small businesses to comply:
- c. Statement of probable effect on impacted small businesses:

7. The cost of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):

☐ substantially less than ☐ moderately less than ☐ minimally less than
☐ the same as ☒ minimally more than ☐ moderately more than
☐ substantially more than ☐ excessively more than

8. The benefit of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):

☐ substantially less than ☐ moderately less than ☐ minimally less than
☐ the same as ☐ minimally more than ☐ moderately more than
☒ substantially more than ☐ excessively more than

B. Reasonable Alternative Methods

1. Other than adopting this rule, are there less costly or less intrusive methods for achieving the purpose of the proposed rule?

☐ yes ☒ no

2. If yes, please briefly describe available, reasonable alternative(s) and the reasons for rejecting those alternatives in favor of the proposed rule. (Please see §25-43-4.104 for factors you must consider.) *N/A*

C. Data and Methodology

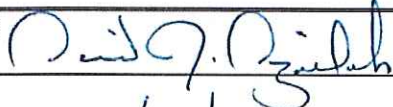
1. Please briefly describe the data and methodology you used in making the estimates required by this form.

The economic impact is estimated to be \$440,459 per federal fiscal year (FFY) if one percent (1%) of Medicaid only waiver persons elect hospice using the average hospice length of stay for FFY2015. The one percent (1%) was calculated based upon the total number of Medicaid non-waiver beneficiaries who chose hospice divided by the total number of Medicaid non-waiver beneficiaries eligible for hospice. This percentage was then applied to the Medicaid only HCBS waiver population.

D. Public Notice

1. Where, when, and how may someone present their views on the proposed rule and request an oral proceeding on the proposed rule if one is not already scheduled?

Written comments will be received by the Division of Medicaid, Office of the Governor, Office of Policy, Walter Sillers Building, Suite 1000, 550 High Street, Jackson, Mississippi 39201, or Margaret.Wilson@medicaid.ms.gov. Comments will be available for public review at the above address and on the Division of Medicaid's website at www.medicaid.ms.gov.

SIGNATURE 	TITLE Executive Director
DATE 3/15/16	PROPOSED EFFECTIVE DATE OF RULE JUN 01 2016